



**USAID** | **BANGLADESH**  
FROM THE AMERICAN PEOPLE

# SMILING SUN FRANCHISE PROGRAM

**YEAR 2 WORK PLAN**

**March 2009**

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# CONTENTS

Acronyms .....	i
Executive Summary .....	1
Section I. Summary of Year 1 Accomplishments and Challenges .....	3
A. Contract Background .....	3
B. Accomplishments .....	3
C. Challenges .....	8
Section II. Second Year Work Plan .....	11
A. Technical Activities .....	11
B. Operations and Administration .....	16
C. Cross-Cutting Themes .....	28
Section III. Performance Monitoring Plan .....	29
A. Approach to Monitoring, Evaluation, Analysis, and Communication .....	29
B. Existing Indicators Development and Selection .....	29
C. Monitoring and Evaluation System Design .....	30
Annex A. NGO Trainings .....	31
Annex B. Clinical Trainings .....	33
Annex C. Program Indicators .....	35
Annex D. Implementation Plan .....	39



## ACRONYMS

ARI	Acute respiratory tract infection
BCCP	Bangladesh Center for Communications Programs
BRAC	Bangladesh Rural Advancement Committee
CBSG	Capacity Building Services Group
CDD	Control of Diarrheal Disease
CSP	Community Service Provider
DGFP	Directorate General Family Planning
DOTS	Directly observed treatment short course
DPT3	Diphtheria, Pertussis, Tetanus
DSF	Demand Side Financing
EQA	External Quality Assessment
EPI	expanded program of immunization
EMOC	emergency obstetric care
FAM	Finance and Administrative Manager
FP	family planning
FMO	franchise management organization
GFTAM	Global Fund for Tuberculosis, AIDS and Malaria
GIS	Geographic Information System
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh
IMCI	integrated management of childhood illnesses
LAPM	Long Acting and Permanent Methods
MIS	management information system
MO	Monitoring Officer
MOHWF	Ministry of Health and Welfare
NGO	nongovernmental organization
NSDP	NGO Service Delivery Program
NTP	National Tuberculosis Program
OP	operational plan
PAC	Post abortion care
PD	project director
PDSA	Plan-Do-Study-Act
PMP	performance monitoring plan
PNC	postnatal care
QMS	quality monitoring system
RH	reproductive health
RFA	request for applications
RFP	request for proposals
RTI	reproductive tract infection
SS	Smiling Sun
SSFP	Smiling Sun Franchise Program
SMS	Short Messaging System
STI	sexually transmitted infection
TB	tuberculosis
TOT	Training of Trainers
USG	U.S. government



## EXECUTIVE SUMMARY

During the first year, SSFP made significant progress towards laying down the foundations to create a socially relevant and business aware healthcare network that is gradually reducing its dependence on donor funding.

For SSFP securing contraceptives for all clinics was a strategic priority. A zero-stock-out policy was put in place early in the project to ensure adequate contraceptive logistic management. It resulted in better than expected results in FP service outcome.

With the support and guidance of SSFP, NGOs developed business plans for every operational level, from clinics and NGO HQs to the FMO. At the same time the cornerstone of an intensive program for quality of care monitoring and improvement was put in place, considering that access to good quality health care for all Bangladeshis -mainly the poor- configure an actual improvement of overall quality of life.

Equally important was to issue grants quickly to ensure a very smooth transition between projects. This major accomplishment also introduced an important element of financial discipline among NGOs, which resulted in a notorious improvement in their financial sustainability.

For the second year, SSFP priority is to dramatically reverse declining service outcomes in key areas of maternal and child health, while improving stakeholders satisfaction. Most SSFP efforts will be channeled towards working with partnering NGOs to secure adequate service supply through intensive training and careful personnel management so trained and motivated providers are where they should be, when they are needed. In addition, the program will also stress on communication campaigns intended to actively promote these health services among the communities that need them. These interventions will inform an audience in need of good quality health care about convenient and affordable Smiling Sun services and clinics.

In order to achieve its intended results in terms of service output, SSFP will mobilize all its resources in all fronts, towards the same objective. It will set up service driven taskforces that will ensure that health interventions are reinforced from different professional areas for a creative but focused approach towards service performance improvement.

An integral part of the approach is building on collective efforts that transcend the boundaries of the Smiling Sun network. SSFP will actively work with GoB to improve coordination where it is needed and also to jointly approach pertinent health issues such as family planning method mix improvement. At the same time, SSFP will work with multilateral organizations to create an ongoing relationship that the FMO and the NGOs will inherit, once SSFP comes to an end. Part of this effort includes working closer with other USAID funded agencies such as EngenderHealth and FHI. This will surely strengthen service supply and will also provide access to special groups in need, reinforcing Smiling Sun image of an institution that offers healthcare for all.

At the same time, SSFP and NGOs will continue working on quality of care to ensure that all, also the poor, get the quality they surely aspire and certainly deserve. This approach is essential as building traffic to the clinics can only actually succeed when a client decides to return or to tell others about her positive experience. SSFP believes and trusts on the idea that true sustainability stems from satisfied clients.

Finally, SSFP will continue working with partnering NGOs in jointly addressing relevant network issues, as the way to strengthen sincere participation and ownership. Towards the end of year 2, NGOs will acknowledge that they belong to a network that helps their individual organizations to achieve their social agendas, and that by participating in it, they own something that is larger than their business alone. Within this context, they will better endorse Smiling Sun values on ownership and transparency.



## SECTION I. SUMMARY OF YEAR 1 ACCOMPLISHMENTS AND CHALLENGES

### A. Background

The Smiling Sun Franchise Program is organized around three performance outcomes:

1. Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation;
2. Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.
3. NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key ESD services), coverage of poor clients, and range of services available and quality of care.

SSFP also has three cross-cutting filters: gender, youth, and corruption. Using the build, operate, and transfer approach, Year 1 activities were dedicated to developing systems and implementing processes that will lead to a strong franchise management organization and a network of clinics that provide high-quality health services.

### B. Accomplishments

**B1. Performance Outcome 1:** Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation

***Registering the franchisor.*** Registering the franchisor and addressing other issues related to franchise registration have taken more time than initially anticipated. SSFP decided to register

the franchisor as a trust, and convert the registration to a nonprofit company at a later date. We decided to address registration this way because registering a Chapter 28 company (nonstock, nonprofit) can take six months to a year due to legal requirements and the requirements the Government of Bangladesh requires to grant nonprofit status to any company. As a result, registering the franchisor as a trust became the best option. Even with that, the registration for the trust has been delayed because, during the name registration that is a prerequisite to registering a company, lawyers learned that the word “franchise,” initially proposed in the name, may not be used for a nonprofit organization. Additionally, delays were caused by the fact that the Bangladeshi legal code does not address franchise law. Therefore, significant legal research, discussion, and consultations took place to ensure that franchise agreements

#### Performance Outcome 1 Year 1 Milestones

- Franchisor registered as a trust
- Franchisor, NGOs, sub-franchisors, and clinic franchises trained
- Governance structures in place
- Operational procedures, guidelines, and protocols finalized
- Franchisor, sub-franchisor and clinics franchise business plans developed

and other documents, including registration, would support SSFP's goals in the future. Registration will be finalized in the first month of Year 2.

**Training.** The franchise operations team and the training coordinator are responsible for providing and coordinating most of the training done under SSFP. In Year 1, the SSFP team provided financial management training that included rolling out Tally, an accounting software package. Previously, nongovernmental organization (NGO) partners did not have a standard chart of accounts, causing inconsistencies among NGOs. Consistent with our approach of stimulating the local business environment, SSFP uses local training institutes to provide training unrelated to franchising, and NGOs are required to bear the cost. Training was provided to some of the larger NGOs by outside vendors and paid for with program income. A total of 1,340 NGO staff members were trained in Year 1.

**Governance system.** We convened two of the three governing bodies that will guide various aspects of SSFP. An FMO board of directors is required as part of the registration process, and we identified and received agreements for all five potential board members. Three members will come from the business community and two from the NGO membership council; they will serve on a rotating basis. The board of directors is contingent on registration of the franchisor.

The franchisor membership council comprises senior representatives from the franchisees. We delayed the formation of the project advisory committee, whose role is to provide advice on external donor financing, develop public private partnerships, and advance policy initiatives with the Government of Bangladesh. During Year 1, SSFP staff met with Government of Bangladesh and donor community representatives to identify common areas for potential collaboration. During these meetings, it became clear that a local organization, such as the franchisor, is required as a valid interlocutor and organizer. Therefore, the decision was made to delay assembling this body until the franchisor registration is complete.

***Procedures, guidelines, and protocols.***

In Year 1, SSFP developed systems for franchise policy and management, financial accountability, logistics management, client intake, fee collection, and recording of income. The management information system (MIS) team streamlined adapting the NGO service delivery program (NSDP) MIS system to satisfy SSFP information needs. The franchise technical support team adapted nine guidelines for use in the SSFP system. In a meeting it convened with the clinical quality council, the franchise technical support team rolled out SSFP clinical standards.

**Protocols Adapted and Implemented in Year 1**

- Infection prevention protocol
- Family planning manual
- Sexually transmitted infection/reproductive tract infection management
- Integrated management of childhood illnesses (IMCI) guideline
- Active management of third stage of labor guideline
- Gender guideline
- Quality monitoring and supervision guideline

***Build team and stakeholder understanding of franchising.*** The SSFP staff, led by the franchise manager, held a number of meetings with NGO staff to introduce the concept of social franchising. These small meetings and small training workshops provided opportunities for the NGOs to seek any needed clarification on concepts.

***Business plan development.*** A key activity of Year 1 was the development of business plans for each NGO partner and their respective service points. With assistance from Michael Amies of Sibley International, Beth Fischer of IntraHealth International, and Bill Kedrock of Chemonics International, the SSFP team developed business plans for each NGO clinic that were compiled into a single NGO business plan. Components of the business plan are

- Clinic and satellite description
- Clinic organogram
- Service listing and prices
- Financial performance (income and expenses)
- Financial projections
- Utilization rate
- Market analysis, including competitor analysis
- Staff development plan
- Quality monitoring plan
- Marketing plan

NGO business plans were part of the response required of the NGOs for the second round of NGO service delivery grants.

***Market survey.*** To inform the development of the business plan, the Capacity Building Services Group (CBSG) surveyed participating NGOs, their clinics and clients, and other service providers to determine client service needs, preferences, and willingness to pay. CBSG also conducted focus groups to identify critical service gaps and ways to address them; ways to address gender and corruption and reach youth; and consumer definitions of quality. In addition, CBSG tested various service package options and reviewed NGO operating policies and managerial, financial, and clinical procedures. A summary of CBSG's findings indicate the following:

- The main reasons for choosing a health facility for services was the distance from home or work, quality of services, and cost.
- SSFP clinics are perceived as good at providing family planning (FP), expanded program of immunization (EPI), maternal and child health, and limited curative care, but not as good at advanced care that requires laboratory work-ups, advanced diagnostics, or surgery.
- People of all income categories use SSFP for FP and EPI services; however, wealthier clients seek advanced care from private doctors.
- Most respondents believe SSFP service providers are respectful, provide care at a relatively low cost, and are conveniently located.
- The vast majority of respondents from all income groups are willing to pay for services from SSFP clinics, but the amount they were willing to pay varied by income group and service type. Generally, respondents were willing to pay more for advanced care but not for FP or EPI services.
- There is a need to rationalize the number and type of staff in each type of NGO clinic. Non-service providers that do not generate revenue represent a significant proportion of a clinic's expenses.
- Many NGOs have weak financial management systems.

**B2. Performance Outcome 2:** Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.

***Improving franchise operational efficiency.*** Seven-month bridge grants were issued to provide interim funding for all NGOs funded by NSDP to continue provision of services during the start-up of the franchise management organization. The NGO business plans provided a format to discuss and implement a more realistic staffing pattern as well as a service mix based on the needs of the target population.

**Performance Outcome 2  
Year 1 Milestones**

- Bridge grants issued
- NGO selection criteria implemented
- Franchise development fund agreements in place

***Increasing self-sufficiency.*** The contracts and grants team adapted our existing grants and subcontract manual and templates to produce a franchise development fund (FDF) manual to guide the grant process for NGOs. The following criteria were included in the request for applications:

- The performance-based grants are for one year, with incremental funding
- Cost share will be required and met by increasing cost recovery, driving the amount by which a grant declines
- Smiling Sun services do not overlap with services funded by the Health, Nutrition, and Population Sector Program and City Corporations
- Fees, operating costs, client intake (disaggregated by income, gender, and type of service provided), inventory (in clinics and health marts), and human resource utilization will be reported monthly and quarterly

A second round of agreements covering the period June 1, 2008, to May 31, 2009, was put into place for 30 NGOs.

**B3. Performance Outcome 3:** NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key ESD services), coverage of poor clients, and range of services available and quality of care.

NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for delivery of key essential services), coverage of poor clients, range of services available, and quality of care.

**Performance Outcome 3  
Year 1 Milestones**

- NGOs monitoring quality using Smiling Sun quality assurance model
- MIS revised and rolled out to all NGOs
- New clinics established
- Mini, vital, ultra, and maxi clinics designated

***Expansion of service volume and client base.*** Consistent with our approach of

expanding the Smiling Sun network by increasing the number of people who use services and products — both fee-for-service clients and the poorest of the poor — SSFP released a request for proposals to hire a local firm to carry out the SSFP brand and services promotion campaign. The Bangladesh Center for Communications Programs (BCCP) was the successful bidder. BCCP will revitalize the brand by making necessary changes to the existing logo to make it easier to manage visually

and make the Smiling Sun image more ubiquitous. BCCP also will develop a brand manual, conduct a local-level marketing campaign to increase client flow to converted SSFP clinics, and begin to build the capacity of local-level clinic staff to market services.

***Clinical training.*** The franchise operations team conducted a training needs assessment whose results were integrated into the second round of NGO grant funding and an annual training plan. To the extent possible, the Smiling Sun approach to training is to outsource clinical and nonclinical training to local training institutes.

***Maintenance of quality of care.*** SSFP's franchise technical support team reviewed and refined the quality monitoring system (QMS) used by NSDP as the basis for the design and implement of the Smiling Sun quality assurance model that was rolled out at the first meeting of the clinical quality council.

***Quality circles.*** SSFP is incorporating a quality concept that empowers clinic staff to monitor, evaluate, and improve quality by addressing relevant situations when and where they occur. SSFP quality circles are based on the idea that quality is an essential concept to differentiate Smiling Sun facilities from potential competitors while creating the foundation for enduring client loyalty.

SSFP is incorporating and training clinic staff in the use of modern management tools, such as the Plan Do Study Act cycle (also called the Deming cycle), to provide a tool for quality circles to become operational and effective.

***Management information systems.*** SSFP's approach to MIS has been to implement a streamlined system that captures essential information to manage the franchise. Real-time reporting of income and other service statistics (related to the cross-cutting corruption theme) allows essential aspects of clinic performance to be monitored more closely and with greater accuracy.

SSFP developed several interrelated databases, including an Access database adapted from NSDP that captures monthly performance information from the 319 SSFP clinics in a consolidated format. Franchisees enter the data and transmit it to SSFP electronically. The data is stored and used for reporting to USAID and the Government of Bangladesh.

The MIS team developed a Web-based system that captures data from clinics, including services provided, client demographics, inventory control, and income generated. The system is structured so clinic performance can be monitored by anyone who has been granted access. This system has reduced the number of forms people to be completed and helped managers track progress toward sustainability targets in their business plans. Two computers will be installed in each clinic for this purpose. The system also has an offline desktop solution utility for sites with intermittent Internet access. At the end of each day, data that has been entered can be uploaded to the online Web-based MIS.

To support the SSFP clinic monitoring function, the MIS team developed a clinic site visit database that captures detailed clinical, administrative, financial, human resources, look and layout, franchise operations, franchise development, and

marketing information. The system can also flag key follow-up issues. Updated by SSFP staff after every visit, the information guides subsequent visits. Along with other information, the database captures Mexico City policy and Tiahrt, and Helms-related information. The strategic partnership specialist maintains a database that tracks information on potential business partners, the status of their relationship with SSFP, and meeting minutes.

**Corruption.** During Year 1, we refocused to encompass the broader concept of governance, including corruption. Smiling Sun has promoted transparency and accountability by articulating franchise standards for business conduct. SSFP's strong MIS system greatly improves clinic revenue control and facilitates product stock monitoring, enhances transparency and accountability, and facilitates internal and external audits; its grant monitoring system, which is being designed to operate along with the MIS, includes exhaustive revision of program income and expense receipts, operating as a constant internal audit. We will fine-tune these systems in Year 2.

Other concerns are the relationship between the NGO board of directors and staff, especially as it relates to budget control and fiduciary responsibility.

**Youth.** After evaluating program objectives and sustainability implications, the project altered the original idea of setting up a Youth Corner in every clinic as a more service-centered option. Instead, SSFP staff developed and implemented a training program to enable doctors and paramedics to more effectively manage young clients. This training was built around an approach that the World Health Organization developed specifically to provide those serving youth with a comprehensive interactive communication tool and methodology.

A basic design for a Web site element targeting youth was developed during Year 1. This will be linked to the SSFP site and will provide information relevant to youth in a tone and manner that addresses the needs of this audience.

Finally, the project decided to modify its initial approach of developing a youth hotline, opting instead for the more contemporary and relevant approach of using text messaging as a channel through which youth can submit questions and engage in dialogues. SSFP is holding discussions with potential partners interested in carrying out this important activity.

**Gender.** As a first step in determining program needs on gender issues, SSFP developed and applied a tool to assess Smiling Sun clinic service providers' gender sensitivity. Based on this assessment, SSFP designed and ran training sessions with service providers and monitoring officers to increase their sensitivity and awareness of gender issues and use some tools to effectively address them.

## **C. Challenges**

### **C1. Culture of Donor Dependency**

After years of continued donor support within the context of structurally low financial sustainability (measured as the ratio between program income and expenses, expressed as percentage), perhaps the main challenge the project faces is to help partners to understand the importance of reducing overall donor dependence while

increasing operational — and, by extension, financial — sustainability. In doing so, partners are provided with the necessary tools to become more efficient in their use of available resources and more effective in generating revenue.

To address this issue, SSFP has been gradually introducing elements that favor accountability, coordination, monitoring and control so that NGO franchisees can effectively manage their clinics and healthcare businesses. These elements will help the franchisees understand the implications and reach of their decisions. The goal is to help them to understand and develop a culture of accountability in which every individual and institution involved has a clear and distinct responsibility. Additionally, through the project, potential interventions designed to improve clinic and franchisee sustainability have been discussed with interested parties as an effort to facilitate an understanding of the franchise model and its benefits.

## **C2. Business Acumen and Planning Capacity**

Prior to releasing the request for applications, NGO franchisees were consulted on the business model developed for the franchise and were trained in the use of different planning tools. This enabled SSFP to move franchisees one step closer to acting like the true social businesses that they are. This intervention proved much more difficult than anticipated as the franchisees did not demonstrate understanding of some essential business concepts in spite of a longstanding practice of business capacity training. To counterbalance this problem, SSFP decided to devote more time and personnel to working with the franchisees on the planning process and tools while providing continuous feedback on progress and shortcomings. In the end, nearly 350 business plans, completely developed by the franchisees (NGOs) were approved and incorporated into the request for applications.

## **C3. Staffing**

The project has accomplished important milestones, such as developing business plans for every clinic and every NGO, and has maintained continuous monitoring to ensure Mexico City policy, Tiaht, and Helms compliance. SSFP has accomplished these milestones with a reduced staff by relying on automated MIS, transferring some functions to franchisees, and creating cross-cutting taskforces with clear and limited scopes.





## SECTION II. YEAR 2 WORK PLAN

### A. Technical Activities

The technical activities in Year 2 are intended to produce results in the areas of service delivery, client and stakeholder satisfaction, and financial sustainability. Since the inception of SSFP, there have been key areas of service delivery issues that we will specifically address through this work plan and its associated activities. Those areas are:

- Antenatal care and deliveries assisted by a skilled birth attendant;
- Child health services---DPT3 immunization, newborn care, vitamin A supplementation, treatment for Acute Respiratory Infection (ARI) and diarrheal disease, and;
- Increasing the use of long-term and permanent methods of contraception.

In addition to these areas, we will place additional emphasis on SSFP's relationship with all stakeholders, with specific focus on the Government of Bangladesh and our NGO service delivery partners. We will do this by using the membership council to help develop, vet, and set franchise policy. NGO participation in the membership council creates partner buy-in for the concept of social franchising and achieving the double bottom line goals of providing health services to all people while generating sufficient revenue to cover a portion of clinic operating costs. This year 2 work plan gives SSFP the opportunity to re-visit and further analyze some of our initial approaches to test their viability within the clinic network. Some examples of this are--clinic conversion, cost recovery, performance and targets.

**A1. Performance Outcome 1:** Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation.

**Introduction.** In the second year of the project, under this outcome SSFP will continue to focus on strengthening NGO capacity, the image of the franchise network, franchise governance, and SSFP's relationship with the GoB.

**Capacity Building.** Developing strong organizational capacity is essential to the success of the SSFP network. Most of the SSFP's planned training will utilize a training of trainers (TOT) approach to maximize NGO participation, reduce costs, and ensure greater programmatic sustainability. We will conduct training in SSFP franchise program management and operations, MIS and Tally, Smiling Sun Clinic Management and Care Orientation, and operations research.

#### *Smiling sun franchise program management & operations*

This 3-day modular training package will be organized at both central and regional levels. In this training senior headquarter staff and clinic managers will focus on increasing organizational efficiency and ensure adherence to SSFP standards and operational modalities. The modules will cover SSFP program management; Smiling Sun organizational behavior approach; change management; improving managerial quality; SSFP's team building approach; effective internal and external

communication strategies; and integrated marketing, communication and brand use and management.

#### *MIS and Tally (Accounting software) Training*

This is a three day modular training course to be provided both centrally and regionally. It will be attended by Project Directors (PDs), Finance and Administrative Managers (FAMs), MIS officers and administrative assistants. The focus is to increase the capacity to perform MIS and financial management based Training content will include an orientation on Tally accounting software, its operation and management; inventory and payroll management; financial report management; Web based MIS and customer flow management; capturing family registration data; preparing money receipt; creating static and satellite spots; tracking performance at static and satellite spots; and the backup ACCESS based database.

#### *Smiling Sun Clinic Management and Care Orientation*

This one-day modular orientation course will be organized at each the Smiling Sun clinic. These training session are intended to help our NGO partners develop their own organizational strategic plan, adopt and apply the Smiling Sun franchise systems, organize local level promotion campaign activities, prepare clinic monitoring plan, meet SSFP reporting financial management, and program implementation requirements. Clinic level results include incorporating SSFP clinic management, customer care standards, infection prevention protocols and local level marketing. The orientation will cover clinic administration; financial management; reporting; cleanliness and waste management; clinic safety and security; customer care; clinic service management; local level marketing and service promotion plan; supervision; time management; improving service delivery efficiency; community mobilization; improving and maintaining proper physical appearance of the clinic.

**Overall, training** will play an essential role in knowledge sharing and capacity building All clinic staff will be trained on general financial management using a TOT approach. SSFP and partnering NGOs will work together to develop a Core Trainers Group that will train first individual NGOs and then clinics. SSFP will monitor overall training activities including ToT and Training provided by individual NGOs to their clinic staff. A training follow-up checklist will be prepared and used to assess training outcome. Findings will be integrated in the program. Please refer to annex A for a table that summarizes all training for Year 2.

***Franchise Performance Monitoring.*** In addition to SSFP staff visits, NGO Project Directors, MIS Officers and Finance Managers of each will visit each of their clinics at least once a year. The Monitoring Officers will visit their clinics at least twice in a year. During each monitoring visit, visitors will visit one clinic and at least one satellite clinic and capture detailed clinical, administrative, financial, human resources, look and layout, franchise operations, franchise development, and marketing information using the comprehensive checklist developed by SSFP. All information will be entered into the clinic visit database to flag key follow-up issues and guide subsequent visits. Following each visit, visitors will prepare reports for future reference and follow up the recommendations.

SSFP will organize quarterly workshops for the Project Directors and MIS Officers (or responsible persons for MIS activities of some NGOs) to increase the capacity of

NGOs in using data for project performance improvement and decision making. In these workshops NGOs will revise and re-develop quarterly action plans considering their performance issues with the technical assistance from concerned SSFP's team leaders and FOT members. Immediately after the performance monitoring workshop, NGOs will have a similar type workshop with their clinic managers and develop the clinic wise quarterly action plan to meet performance deficiencies.

NGO contact persons and/or other members of NGO executive committee will also visit clinics to review the performance and give suggestion for project performance improvement and to ensure GoB cooperation.

**Operations research.** Our operations research specialist will consider several small operations research studies. The majority of SSFP's operations research efforts will focus on stimulating demand for those services that have experienced a downturn. Moreover, our research activities and agenda will look to develop ways of using existing staff and resources such as Community Service Providers to increase client use.

**Potential Operations Research Topics**

- Pricing and profitability of clinic services
- Operational efficiency of clinics barriers to ANC care, including home-based delivery, and immunization

**Network image strengthening.** Smiling Sun brand awareness is one of the network's greatest assets; leveraging this image is an integral part of strengthening and creating client loyalty, which is one of the major communication objectives for this year. Loyal clients can help promote ANC, child health, and FP/RH services helping to reverse the existing downward trends and strengthen those services that are already doing well.

**Brand and Service promotion and Clinic-level marketing.** Part of the BCCP scope of work is to expose clinic staff to effective marketing techniques and approaches. Each NGO has grant funds to implement marketing activities designed by BCCP with input from the NGOs to not only build NGO capacity in this area, but ensure that marketing campaigns included local knowledge and are consistent with the NGOs mission.

The SSFP marketing and communications specialist will take the lead to ensure that SSFP has a consistent and sustained local marketing approach that increases the use of SSFP products and services; focusing on those areas that have not kept pace since the transition from NSDP. While the project will implement health specific promotion interventions (see Performance Outcome 3), it will also promote clinics and the quality of the Smiling Sun brand in different ways, depending on the context. SSFP is actively seeking to promote SS clinics and brands using low-cost wide reach interventions such as mobile phone messaging (SMS) taking advantage of the 40 million mobiles phone users in Bangladesh. These types of activities will be accompanied by more clinic focused activities. Some of the interventions that SSFP will implement in close collaboration with partnering organizations are:

- **Performance based payment/incentives.** Many clinic networks around the globe have effectively turned their service providers in active marketers by sharing with

them revenues generated per unit of service delivered. This will be carefully done to ensure informed choice, and Tiahrt and Helms compliance.

- **Vouchers.** SSFP will offer strategic partners the possibility to become marketing agents by purchasing vouchers to be utilized for POPs when demanding health services, or to be used by strategic partner's employees, in case they require it.
- **Health clubs.** SSFP will set up health clubs in selected clinics to encourage communities to seek for health services and to adopt healthy behaviors. Programs in the health clinics will address child health issues such as ARI and diarrhea. In addition, it will be a perfect outlet to discuss the value and importance facility-based deliveries and ANC consultations.
- **Loyalty programs.** Under this approach, existing SSFP clients will be offered prices (could be something nominal like having their picture in a "wall of community fame" or something more tangible like a memento procured with program income money) for a certain number of clients referred to the clinics. This will give the chance to create close ties with customers actively involved in SS clinic promotion, ensuring longer and productive win-win relationships.
- **Leaders of Influence (LOI) participation.** SSFP is establishing a strategic alliance with the LOI program implemented by the Asia Foundation, as a means to utilize opinion leaders (mainly religious leaders) to actively promote health and Smiling Sun clinics as a trustworthy source of services.
- **Community promotion.** Regularly clinics will develop "Melas" and other promotional activities intended to build traffic into SS clinics. These Melas will be developed in coordination with health clubs and community based mass media.
- **Community based mass media.** Specific health campaigns intended to promote specific services will be carried out in the communities where clinics operate. These interventions tend to be much cheaper than traditional national mass media, and allow better interaction with communities and other marketing programs.

**Collaboration with GoB.** It is essential for SSFP to continue strengthening ties with the GoB as it is a strategic project stakeholder. It is expected that strong and fruitful relations between SSFP and GoB will be inherited by SSHS, so it can effectively continue carrying its social agenda.

**Strengthening ties with GoB.** SSFP will implement an advocacy campaign designed, through carefully selected one- on- one, group meetings and communiqués- to strengthen its ties with GoB, from the Secretary of Health to the Local Government levels and to leverage government dependencies' support to the program. This campaign will offer information about the project and its policies and will seek to secure DGFP support for a (when available) continuous flow of contraceptives at all clinics, increase permanent methods supply, improve coordination for specific health interventions (i.e. EPI) and strengthen SSFP participation in the DSF program of GoB.

**Tripartite Review.** In an attempt to get GoB feedback and discuss project performance, we propose conducting a tripartite review with SSFP, the GoB and USAID. The purpose of this activity is to review project achievements, problem solve on key areas needing improvement and garner GoB support for upcoming SSFP

activities. The intention is to hold this meeting in July-August in preparation for the Year 3 work plan.

**Collaboration for Long acting and permanent family planning methods.** In addition to described activities, SSFP will collaborate with the GoB to increase LAPM output. SSFP can provide these services and in addition, can deliver appropriate counseling, thus decreasing the chances for method discontinuation, which has been rightly identified in population forums in Bangladesh as an area of interest and concern.

Summary Table of Advocacy Activities			
Audience	Activity	Objective	Intervention
Government	Offer LAPM to all, especially disadvantaged groups. Smiling Sun clinics charge GOB for services offered based on existing fees.	To motivate for a relationship for increased service delivery	1. advocacy campaign at national and local level 2. SSFP learns from previous best practices by network (Kanchan, UPGMS)
NGO		To motivate them to aware the community	1. advocacy with local government 2. coordination with NGOs
Community, especially disadvantaged groups.		To motivate for service uptake	1. Use of materials mentioned in the demand related activities

**GIS.** To improve coordination with GoB, SSFP will use GPS to update current clinics location and to develop a map with the existing 319. In addition, the project will develop a relevant database for management purposes including in it location, population, income and expenditures, cost recovery, quality score, customers, services, etc. The ability to map existing and future clinics is essential to effective planning for the franchise. GIS can be used effectively for data browsing, remap generation, and map query/searches. It will help in analyzing the distribution of clinics and planning of new clinics or merging of some existing clinics with others of the same franchisee or different franchisees.

**Strengthening Franchise governance.** During the second year, SSFP foster ownership among partnering organizations mainly through active participation in developing common health interventions and in making decisions relevant for ulterior franchise development.

**Membership Council.** With close support from SSFP, the FMO will convene regular meetings of the franchise membership council to provide feedback on program results and activities development. These regular meetings will serve also to discuss about issues entertained by special committees created to address specific issues. These special committees will meet under special request to discuss about pressing issues that might require collective action and common understanding such as pricing strategies, health communication interventions (i.e. BCC campaigns), cost recovery and sustainability strategies and network employment compensation plans.

**FMO Board of Directors Meetings.** The FMO board will meet three times a year (or when required) to discuss franchise progress and developments to provide advice on

important health and business issues. Recommendations and suggestions from the board will be channeled and informed to the Membership Council, through the Membership Council Directorate as three of its members belong and participate in the FMO board.

**Advisory committee.** SSFP will proceed with the formalization of the advisory committee, which will be a body composed by organizations already involved in varying degrees with Smiling Sun. These organizations are ICCDR,B; UNFPA; UNICEF; WHO and MOHWF. USAID will also be invited to be an active member of this body.

## **B. Operations and Administration**

SSFP's focus is to strengthen FMOs management and operational functions to reach operational sustainability as soon as possible. In Year 2, we plan the following.

**Registration.** The FMO will be registered as a Trust in the first quarter of Year 2, which has the advantage of making it operational; the Ministry of Commerce authorizes Smiling Sun Health to be fully registered as a company.

**Personnel.** SSFP has some positions that because of staff turnover have been recently vacated. By the end of the year 2 the project will be fully staffed.

**Property Management.** SSFP will have to repair at least two vehicles purchased during previous projects that are reaching the end of their useful lives. SSFP also plans to dispose of inventory received from the previous project and replace it as needed.

**Project Policy.** SSFP also plans to approve the personnel and procurement policy manuals. Equipment procurement can become a pivotal activity that strengthens commercial relations between franchisees and the FMO. To make this happen, the FMO will procure information technology and medical equipment to be placed in clinics. Initially, the FMO will purchase about 163 computers to connect clinics to the MIS along with the computerized accounting systems. The computerized system will support clinics to minimize errors in customer records input to our networks and to integrate information throughout the network. To keep records of inventory, payroll, cost accounting, and related information, clinics located in urban areas will receive a computer. Additionally, new exam tables and diagnostic equipment will be procured to ensure adequate quality of care and to facilitate conditions for crossed subsidization at all levels of the network.

**B2. Performance Outcome 2:** Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population

**Introduction.** Increasing service output, while reducing grants is a clear sign that NGOs and clinics are on the right path towards decreasing donor support, which is a key program objective. For this to happen it requires an investment in knowledge sharing and

### **Performance Outcome 2 Year 2 Milestones**

- Negotiate Year 2 franchise development fund funding
- Develop and implement a clinic rationalization policy
- Establish eight strategic partnerships

systems strengthening. During the second year, SSFP will focus in NGO capacity to manage finances strengthen its grant and contracts management skills, improve relations with GoB, and developing strategic alliances that will be crucial to decrease donor support in the future.

**Financial Management Training.** A Financial Management, also using a TOT approach, will be provided to improve knowledge and skills of Project Directors, Finance and Administration Managers and Accounts Officers. This training will focus on financial planning and control, inventory management. After training, participants will understand and work with generally accepted accounting procedures, how to manage their bank accounts and will be able to perform financial monitoring.

**Financial training process.** Training will be conducted in two phases. The first phase, will be a TOT for Project Directors, Finance & Admin Managers and Accounts Officers from each NGO headquarters. Finance/Management Field Support & Monitoring Specialist, Finance/Management QA Specialist or Finance/Management Training Specialist will facilitate training sessions. Resource persons from other teams will be included as per training requirement. The training curriculum will be designed in consultation with the Franchise Development Team.

These TOT participants (called Core Trainers Group) will train clinic staff. Members of FOT will also follow up the training using standardized checklist during their regular visits. After completion of training provided by the core trainers Group, FOT will follow-up to ensure that the new knowledge and skills are being correctly applied. During monitoring visits, any findings related to training implementation that needs improvement will be addressed through refreshers training by the Core trainers group where representative from FOT Finance/management team will also attend to monitor the training.

For phase two, on behalf of the network, FMO will procure and provide computers to selected Smiling Sun Clinics. FMO will outsource Software firms to install Tally, and will provide on site training. SSFP will initially introduce Tally financial software for three pilot Clinics- Tongi, Rayerbazar and Keraniganj clinics where financial management trainings have been already provided during the first year of the project. For stronger financial and inventory control the accounting software will be introduced gradually in 100 smiling sun clinics.

A member of the FOT team will be present during the Tally software training provided by the software firms at the clinic level and this team will also follow-up the operation of the Tally software. A Chart of Accounts has been developed by Finance/Management Field Support & Monitoring Specialist in consultation with NGO and clinic Staff. The draft Chart of Accounts will be finalized before implementation of software training.

**Contracts and grants management.** The contracts and grants team will continue to manage 30 NGO grants. This unit also is responsible for liaising with grantees to resolve grant issues, for implementing the financial monitoring tool and providing adequate and opportune feedback on its information and use to network members.

**Franchise development fund.** The contracts and grants team will begin the third round of funding for Smiling Sun partners. The Year 1 request for applications, which immediately followed the bridge grants, was not competitive. As it was done previously, follow on grants will be also a request for application (RFA), which requires potential recipients to participate in the process for them to receive funding. The objective of the upcoming RFA and application evaluation process is to build NGO capacity to develop strong and credible proposals that will allow them to effectively perform in a competitive environment.

**Clinic rationalization.** In some instances SSFP will invite NGOs to voluntarily exchange clinics so they can reduce their management burden and increase efficiency of the network. This approach will foster alliances between partners that could result in better economies of scale and increased knowledge sharing at different levels. In a different situation, SSFP –because of contractual compliance- might be forced to terminate its relationship with an existing NGO; in that case, clinics managed by the terminated organization will be transferred, upon agreement and/or contest, to those organizations better suited to manage them.

**Policy and advocacy.** In the past year, SSFP focused on developing a set of operational policies intended to guide the project (and later the FMO). Many of these policies are well underway and will be finalized in the first quarter of Year 2.

During Year 2, SSFP will strengthen its ties with the Government of Bangladesh to ensure that the poorest of the poor have access to free contraceptives, making only nominal contributions. Additionally, SSFP will redouble its efforts to actively participate in demand side financing programs set up by the GoB. This approach might greatly support SSFP in its quest for financial sustainability, as it helps the Government of Bangladesh attain its health objectives at lower costs while maintaining good quality.

**Strategic partnerships.** We will fine-tune our thinking about raising additional funds to support the FMO and provide quality healthcare services for the poorest of the poor by moving away from other donor support and placing more emphasis on business partnerships. Some opportunities exist to build long-term partnerships based on

a clear philosophical alignment of corporate social responsibility and business interventions. In other words, because of its geographic and demographic reach, SSFP can serve as a formidable channel through which potential partners can reach interested markets. In return, partners would provide SSFP with favorable commercial conditions and special products and would act as third-party payers, granting health services to the poorest of the poor. In addition, SSFP will look to partners with projects funded by other donors (such as the urban clinic program funded by the Asia Development Bank) as a way to complement services offered to those who can pay as well as to the poorest of the poor. By avoiding duplication, these partnerships should result in better services and better use of scarce resources. Equally important, SSFP

**Performance Outcome 3  
Year 2 Milestones**

- MCH and FP communication campaigns launched.
- ANC decline trend reversed
- Relevant clinical training conducted at all SS facilities.
- Better balanced contraceptive mix at SS clinics.



will strengthen ties with Grameen Phone to secure its active participation as a third party payer for the poor.

**B3. Performance Outcome 3:** NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key essential service delivery services), coverage of poor clients, and range of services available and quality of care.

**Introduction.** Expanding service volume, while effectively serving the poor, is an essential program objective as it addresses pressing social issues while providing fertile ground for sustainability. This year the program will address and reverse negative trends in key health services, strengthen further those areas that are performing well, create conditions for sustainable growth.

**Service Delivery Strengthening.** The key objective of Smiling Sun Franchise Program is to expand and maintain high quality health services, serving the poor and meeting sustainability targets. For the last six months, important services have experienced a decline in client use that the project must resolve if it is to stay true to its overall goal. SSFP will do the following:

- Create four health topic based taskforces (Maternal health, child health, family planning & reproductive health and TB) in a fashion similar to a service/product management approach, putting together two or three professionals from different areas from SSFP –one doctor specialized in the topic, a marketing person and a member of the operations team- to work closely with partnering NGOs to assess existing network resources and to plan, implement and coordinate activities intended to boost service delivery, to monitor activities progress and to provide opportune feedback to partnering NGOs and other interested parties;
- In concert with our NGO partners, SSFP will implement an aggressive training program to improve quality of care and service output in the key selected health areas;
- SSFP, in close coordination with NGOs and clinics, will implement topic specific promotions to increase customer flow to the clinics and service contacts offered, and,
- SSFP, develop strategic partnerships with GoB and other CAs to improve network's availability to deliver services and to expand service offer and improve specific outcomes such as contraceptives method mix.

**Maternal Health.** Bangladesh is committed to achieving the Millennium Development Goal 5 (MDG5). The global community has selected the proportion of deliveries with a skilled birth attendant (SBA) as an indicator to monitor progress in the achievement of MDG5. As SSFP aims to support GoB to achieve health goals, it will ensure that the Smiling Sun Clinics increase antenatal and postnatal care services, improve safe delivery and newborn care practices, continue practicing Active Management of Third Stage of Labor, screen women for cervical and breast cancer, provide post-abortion care services and diagnose and refer fistula cases to appropriate centers. Activities are:

- Antenatal care
- Delivery care (both normal delivery and caesarean section)

- Postnatal care
- Post-abortion care
- Awareness on fistula and referral of the cases

Antenatal and postnatal care services will be provided through 319 Smiling Sun clinics and service protocols developed will be followed by all service providers in all clinics at all levels. To build on previous investment, SSFP is adopting job aides, such as flip charts, that were developed by NSDP. Additionally promotional materials such as brochures on ANC and male involvement in birth planning will be printed. To reinforce communication and favor behavior change, an EOC card will also be printed as a take away material for pregnant women.

In this year, Community Service Providers (CSPs) will be trained on basic messages on Essential Newborn Care (ENC), Birth Planning (BP), Post-abortion care (PAC), cervical & breast cancer and fistula. Monitoring Officers and Clinic Managers will be trained on male involvement in maternal health care and they will again train their clinic staff along with Service Promoters (SP) and CSPs on the same subject matter. A Community Support Group (CSG) will be established under each clinic to ensure male involvement in birth planning.

Since the early 1990s, the emphasis had been on improving the provision of Emergency Obstetric Care (EmOC). More recently, the Government determined that efforts to decentralize emergency obstetric care must continue but be complemented by a home-based Skilled Birth Attendant (SBA) strategy. Thirty-four Ultra clinics will continue to provide safe delivery services following protocols of emergency obstetric care. SSFP Home Delivery services will be evaluated to identify current implementation challenges. Based on the evaluation findings, SSFP will implement necessary changes.

Presently three EmOC centers are providing PAC services, which include both curative and preventive care, along with three key elements. These are:

- Emergency management for complications of spontaneous or induced abortion
- Post abortion family planning counseling and services
- Coordination between emergency post abortion treatment and comprehensive reproductive health care services.

This year SSFP wants to implement PAC program in three additional EmOC centers. To maintain and improve quality, providers in clinics where PAC is offered will receive refresher training, while providers in the new clinics will receive comprehensive PAC training. Required equipment will come from a donor other than USAID.

**Training.** To ensure that the service providers have sufficient knowledge and skill on the above subject matter, training will be provided in reproductive health (RH) for paramedics; safe delivery for paramedics and medical officers; birth planning and community support group for monitoring officers and clinic managers; cervical and breast cancer screening for medical officers and paramedics; comprehensive PAC for medical officers and paramedics; fistula referral for CSPs and SPs and essential newborn care for CSPs.

**Promoting Maternal Health services in Smiling Sun Clinics.** SSFP has two communication objectives in MH. One is to increase the use of ANC services, and the other is to improve safe delivery services. To increase demand for SSFP ANC and other maternal health services, SSFP will develop integrated communication approach to ensure clients and potential clients are fully informed about the type of services SSFP offers, they know where to go to get these services. In addition, we will provide existing clients with communication materials that can deepen their understanding of critical maternal health issues. Clients will be encouraged to share these materials with others. See below a summary table of proposed actions:

<b>Audience</b>	<b>Health Issue</b>	<b>Interventions/Materials</b>	<b>Objectives</b>
Pregnant women, new mothers, HH decision makers	<b>ANC, PNC</b>	<ul style="list-style-type: none"> <li>• Job Aid on Maternal Health</li> <li>• Poster on Danger Signs during pregnancy</li> <li>• Leaflet on the services</li> <li>• Follow-up with existing clients</li> <li>• Product Package approach with ANC and PNC</li> <li>• Show previously made audio-visual program on clinic TV</li> <li>• Observation of relevant special days (Int'l Women's Day)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase clients awareness about SSFP ANC services</li> <li>• Inform clients about need for ANC services</li> <li>• Provide SSFP clients with materials to share with others</li> <li>• Increased ANC, safe deliveries and PNC.</li> </ul>
Pregnant women, HH decision makers	<b>Safe Motherhood</b>	<ul style="list-style-type: none"> <li>• EOC card</li> <li>• Job Aid on Maternal Health</li> <li>• Follow-up with existing clients</li> <li>• Convert success stories into world of mouth format</li> <li>• Link with CBOs</li> <li>• Gift Pack for New-Born Babies in SS Clinic</li> <li>• Product Package approach with ANC and PNC</li> <li>• Observation of relevant special days</li> <li>• Establish Community Support Group</li> <li>• Upgrade 3 clinics to EMoC</li> </ul>	<ul style="list-style-type: none"> <li>• Increase clients awareness about safe delivery services at SS clinics</li> <li>• Inform clients about standards for good service delivery</li> <li>• Provide SSFP clients with materials to share with others</li> <li>• Increased demand for safe deliveries and related services</li> </ul>
Internal: NGO, Clinic, and Service Provider	<b>Cervical and Breast Cancer Screening Service</b>	<ul style="list-style-type: none"> <li>• written communication</li> <li>• IPC</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness about cervical cancer prevention among existing SSFP clients</li> <li>• Create demand for cervical cancer screening.</li> <li>• Create buzz about a new service in SS to attract clients that can use these and other services too.</li> <li>• Service providers actively offering the service to women in static and mobile clinics, as well as in the community at large.</li> </ul>
External:1) Community and women of 25-64yr		<ul style="list-style-type: none"> <li>• Info pack: general info, country info, articles, FAQ, risk, barriers and screening procedure; readiness of clinic, business potential, promotion, country cases</li> </ul>	
2) Medical Practitioners		<ul style="list-style-type: none"> <li>• Service leaflet, meetings in women sites</li> <li>• Job Aid for CSP, Service Promoter</li> <li>• Brochure/card Self examination of Breast Cancer</li> </ul>	
3) Clients in		<ul style="list-style-type: none"> <li>• Leaflet and IPC</li> <li>• Speech by Counselor to visiting clients to be aware, motivate</li> </ul>	

<i><b>Audience</b></i>	<i><b>Health Issue</b></i>	<i><b>Interventions/Materials</b></i>	<i><b>Objectives</b></i>
clinics		Posters at clinic	
Women of reproductive age	<b>Post Abortion care</b>	<ul style="list-style-type: none"> <li>• Referrals</li> <li>• Guide counselor, CSP</li> </ul>	<ul style="list-style-type: none"> <li>• Increased demand for quality PAC in key clinics.</li> </ul>

**Child Health.** During the last 15 years, Bangladesh has achieved a significant reduction in the child mortality rate, and now it seems that Bangladesh is on track to achieve millennium development goal (MDG) 4 on child survival. However, while children under five mortality is now at 65 per thousand live births, newborn and infant mortality rates remain stubbornly high. Newborn mortality rate is very crucial in reducing child mortality because it accounts approximately 70 percent of infant deaths and 55 percent of all under-five mortality. Again most newborn mortality occurs in first seven days of life-up to 50 percent in first 24 hours.

In line with the GoB policy, SSFP intends to address this particular problem by emphasizing essential newborn care through implementation of facility based as well as community based IMCI program. All 319 clinics will strengthen IMCI activities this year by skilled service provider of the clinic. In particular, essential newborn care will be introduced in 34 clinics where normal delivery is performed. Likewise, community based IMCI activities will be strengthened in 156 Smiling Sun clinics. Community Service Providers (CSPs) will be trained on dissemination of key neonatal and child survival messages this year. In addition, SSFP has closely worked with ICCDR,B to introduce consistent use of Zinc tablets for diarrhea management. This activity will be a major focus of this year's child health program. For this, SSFP developed a service protocol that will be followed by all service providers in the SS network. Promotional materials will be developed and distributed to reinforce this intervention.

Also, all clinics will provide immunization and vitamin A capsule administration as per GoB directions. Pentavalent vaccine (combination of DPT, Hepatitis B and Hib) will be introduced gradually in all clinics in coordination with GoB. To the extent possible and practical, clinics will participate in national immunization days.

This year SSFP will sign an agreement with Concern Worldwide to implement child nutrition activities including growth monitoring, nutritional assessments, malnutrition management, and food supplementation for high-risk children in selected clinics in Chittagong division.

**Training.** To ensure that the service providers have sufficient knowledge and skill on the relevant subject, following trainings will be provided this year:

- IMCI clinical management training (CMT) for Doctors
- IMCI clinical management training (CMT) for Paramedics
- TOT for the facilitators to conduct IMCI CMT (Follow Up after Training)
- TOT on counseling package for CSPs (for C-IMCI)
- Training on counseling package for CSPs on dissemination of key neonatal and child survival messages

**Promoting IMCI in Smiling Sun Clinics.** Integrated Management of Childhood Illnesses (IMCI) is one of the main packages of services addressed to parents and caretakers of children. A particular Smiling Sun strength is the availability of child and maternal services under the same roof. The reputation that Smiling Sun clinics are good quality service providers for child health services is likely to contribute making successful proposed promotion efforts in this area. During this year, SSFP will strengthen child health services promotion at all network levels to generate demand for services.

<b>Audience</b>	<b>Health Issue</b>	<b>Interventions/Materials</b>	<b>Objectives</b>
Parents and caregivers of children under 5	<b>CDD with Zinc</b>	<ul style="list-style-type: none"> <li>• Job Aid</li> <li>• IPC</li> <li>• Poster at clinics</li> <li>• Leaflet</li> <li>• Counseling on zinc</li> <li>• Prevention knowledge</li> <li>• Community group meetings</li> <li>• Provide water treatment tablets</li> </ul>	<ul style="list-style-type: none"> <li>• Renewed interest and demand for CDD at SS clinics</li> <li>• Increased number of clients with proper diarrhea treatment</li> <li>• Provide clients with access to elements for effective diarrhea prevention</li> </ul>
Parents and caregivers of children under 5	<b>ARI &amp; Pneumonia</b>	<ul style="list-style-type: none"> <li>• Job Aid for CSP</li> <li>• IPC</li> <li>• Job Aid for service providers</li> <li>• Prevention knowledge</li> <li>• Identify and promote better performing clinics' practices</li> <li>• Community group meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Increase demand for ARI services and products at all levels of SS network (static, satellite and CSPs)</li> </ul>
Parents and caregivers of children under 5	<b>EPI</b>	<ul style="list-style-type: none"> <li>• Job Aid</li> <li>• Participate in national EPI day observation</li> <li>• Partnership with Concern Worldwide</li> <li>• Communicate regular EPI days of the clinic</li> <li>• IPC</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of SS as EPI provider</li> <li>• Increase volume of EPI offered</li> </ul>
	<b>Other child services</b>	<ul style="list-style-type: none"> <li>• 'essential newborn care' introduced in 34 clinics</li> <li>• IMCI activities strengthened in 156 clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Increase demand for other child services</li> </ul>

### **Family Planning and Reproductive Health.**

**Family Planning.** In year 2, SSFP will continue to ensure that high-quality voluntary family planning information and services are available to the customers through Smiling Sun clinics so SSFP's contraceptive mix faithfully reflects consumer reproductive preferences. Temporary methods including Injectables are currently offered in all static and satellite clinics. To ensure the availability of FP commodities, collaborative efforts will be taken to strengthen the relationship with DGFP and SMC. Moreover, coordination with DELIVER will be reinforced for ensuring the commodities as well as logistic management. NGO's capacity will be built up in this regard.

Long Acting Permanent Method (LAPM) will be provided by trained service providers and for that matter, training will be organized on a regular basis (please see annex B, under training). Quality of both clinical and non-clinical FP services will be considered a priority and ensured at all levels through clinic level quality circles and quality monitoring and supervision. Service providers and counselors will be trained on counseling to ensure good quality counseling and screening, as a way to reduce method discontinuation. Training and subsequent supervision and associated coaching will address provider biases against clinical-contraception services.

Community Service Providers (CSPs) will receive refresher training in FP methods, side effects and rumors and misconceptions. CSPs will be made instrumental in disseminating counseling messages with a special emphasis on post-partum contraception. It is of the essence that SSFP ensures them consistent access to contraceptive supplies.

For the current year the major strategies will be:

- Strengthen supply of and stimulate demand for long acting and permanent methods
- Strengthen counseling and proper screening to reduce discontinuation rates.
- Expand LAPM training for different providers with greater collaboration from EngenderHealth
- Essential Service Delivery (ESD) Flipchart that includes family planning messages will be adopted and re-printed to assist the Counselors in effective counseling.

Following trainings will be conducted this year for FP basic skills:

- Family Planning Clinical Services Course (FPCSC) for paramedics
- Implant both for medical officers and paramedics
- NSV both for medical officers and paramedics
- Tubectomy both for medical officers and paramedics
- Infection prevention both for medical officers and paramedics
- Counseling for counselors
- Contraceptive logistics and procurement to ensure method availability.

**Promoting Family Planning services in Smiling Sun clinics.** To continue actively promoting FP services is essential for program success. While during year one progress was made as the project significantly increased CYPs offered, there is still pressing need to improve method mix. Smiling Sun network has an impressive infrastructure ready to offer Long Acting and Permanent Methods (LAPM) to a large population of women and men with unmet need for spacing and specially for limiting births. This year SSFP will work vigorously to evenly promote all methods so potential users can make informed choices and access to any method they consider suits their reproductive needs. To achieve that, SSFP will strengthen its ties with GoB at central and local levels to ensure that access to modern contraception is constantly and consistently available throughout the network.

## Family Planning

<b>Audience</b>	<b>Health Issue</b>	<b>Interventions/Materials</b>	<b>Objectives</b>
Men and Women of reproductive age	<b>Pills and condoms</b> Ensure availability of commodity	<ul style="list-style-type: none"> <li>• Tiahrt posters</li> <li>• Job Aids</li> <li>• IPC</li> </ul>	<ul style="list-style-type: none"> <li>• Keep users on the method that suits them better.</li> <li>• Increase demand for temporary methods among those in need for spacing.</li> </ul>
Married women with at least one child	<b>Injectable, Implant</b>	<ul style="list-style-type: none"> <li>• Tiahrt posters</li> <li>• IPC by CSP and SP</li> <li>• Follow-up with existing clients</li> <li>• Brief all married women visiting satellite and static clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Keep users on the method that suits them better.</li> <li>• Increase demand for temporary methods among those in need for spacing.</li> </ul>
Married women with at least one child	<b>Long term and permanent methods</b> <ul style="list-style-type: none"> <li>• Remove barriers and myths</li> </ul>	<ul style="list-style-type: none"> <li>• Tiahrt posters</li> <li>• Job Aids</li> <li>• IPC</li> <li>• Orient service providers and promoters on Male involvement</li> <li>• Briefing at monthly meetings</li> <li>• Advocacy with opinion leaders</li> <li>• Community and group meetings</li> <li>• Support and dialogue with decision maker</li> <li>• Use of service providers and counselor as service promoters</li> <li>• Use satisfied customers as advocates</li> <li>• Partnerships with other CBOs</li> <li>• Partnership with Engenderhealth</li> </ul>	<ul style="list-style-type: none"> <li>• Improve LAPM service output.</li> <li>• Tap unsatisfied demand for limiting births</li> <li>• Improve overall method mix at SSFP</li> </ul>
Man and Women of reproductive age	<b>Clinic based FP campaigns</b>	<ul style="list-style-type: none"> <li>• Produce and display promotional Posters (Tiahrt, PM, Male, NSV)</li> <li>• Brochure on PM, NSV,</li> <li>• Counseling by service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Improve NSV output</li> <li>• Improve method mix</li> <li>• Tap unsatisfied demand for birth limiting.</li> </ul>

***Sexually Transmitted Infection (STIs)/ Reproductive Tract Infection (RTIs).*** STIs and RTIs contribute significantly to a woman's ill-health by increasing her risk of infertility, ectopic pregnancy, cervical cancer, spontaneous abortion and HIV infection. Making a correct diagnosis of a sexually transmitted infection is essential for appropriate and effective treatment at early stage and its prevention.

Smiling Sun clinics will emphasize on dissemination of STI/RTI prevention messages among women of reproductive age, adolescents and male partners. An effective response to STIs will be ensured through prevention by providing accurate and explicit information on safer sex, including correct and consistent use of condoms, as

well as abstinence, delay in onset of sexual debut, keeping to one sexual partner or reducing the number of sexual partners. In addition to prevention, syndromic management of STI/RTI with as emphasis on 4Cs [Counseling, Condom demonstration, Compliance with treatment, Contact tracing] will be available to provide early and effective treatment for STIs.

Additionally, SSFP will include cervical cancer screening using acetic visual inspection by acid solution (VIA). This screening procedure will be introduced and performed in thirty-four Ultra clinics as a pilot, then rolled out to all SSFP clinics as appropriate in a phased manner. SSFP will use a syndromic approach by offering this service to all women between the age of 25 to 64+ years coming to SSFP clinics. SSFP will forge an agreement with FHI to provide family planning services to female sex workers in Integrated Health Centers.

**Training.** Training on STI/RTI both for Medical officers and Paramedics will be conducted this year

**Tuberculosis.** Historically, tuberculosis (TB) has been a major public health problem in Bangladesh. The Government of Bangladesh, together with its many partners is committed to further strengthen the TB control program. SSFP is contributing to the National Tuberculosis Control Program by strengthening NGO capacity to deliver DOTS in urban areas. Nine SSFP NGOs provide DOTS through 56 Smiling Sun Clinics in city corporations in Dhaka, Chittagong, Rajshahi and Khulna. While all 56 clinics provide DOTS, 33 of them have microscopy centers to the diagnosis TB, and one with an External Quality Assurance (EQA) center to ensure quality of laboratory services.

Smiling Sun clinics will strengthen these efforts by ensuring the availability of equipment and reagents. SSFP will also comply with GFATM strategies to improve services in their catchments areas. Quality of microscopy services will be ensured through EQA system. SSFP will collaborate and contribute to all national endeavors along with NTP and BRAC. It will strengthen the case finding at the community level by utilizing Service Promoters, CSPs and TB volunteers. Defaulter cases will be reduced through an effective follow-up system.

**Training.** Following training will be conducted this year for basic skills:

- Tuberculosis Management Training for paramedic and medical officer
- Mid level Management Training for Field supervisor/ Service promoter
- Field level Management Training for TB volunteer
- Laboratory Training for Laboratory technician

**Diagnostic Services.** Most customers are looking for the convenience of one stop service from one service delivery point. Lab services are not available at all SSFP clinics at this moment, where and when they are, they represent a significant opportunity to generate substantial new revenue and offers high potential to further penetrate the market by attracting new customers and increased demand among existing customers. Lab/diagnostic services also help to create confidence among all customers –male and female. SSFP anticipates that diagnostic services will be one of the major revenue earners in many clinics as existing full-fledged lab owning clinics



are doing very good in sustainability measure. The service will be promoted in cross-cutting steps with clinic promotional activities.

**Logistics Management.** It is essential that clinics count with adequate stock of products and medicines to increase service output. While SSFP will not directly procure drugs and medicines, it will continue serving as an honest broker between pharmaceutical companies and partnering NGOs, leveraging aggregate bulk purchases, which will be directly performed by NGOs, to achieve desired economies of scale reflected in lower prices for all network members. In addition, SSFP will coordinate training in logistics management and procurement for all NGOs to ensure that the zero-stock-out policy is implemented effectively. SSFP will also develop a procurement manual that can be used as a reference by NGOs to build capacity in this particular area.

**Quality Monitoring System.** Clinical quality in Smiling Sun Franchise Program is of high importance and it lies at the root of all activities of the Smiling Sun clinics. Clinical services of Smiling Sun clinics will be provided in line with the standards and protocols set by SSFP. Measuring Quality in SSFP clinics will be done by conducting Quality Monitoring and Supervision (QMS) twice in a year, by commissioning Clinic-level Quality Circle on daily basis, and by holding meeting of Clinical Quality Council quarterly.

All 319 clinics will be under QMS visit twice in a year by the Monitoring Officers of the NGOs. SSFP round 1 and round 2 QMS will be done this year in all clinics by using updated QMS indicators including satellite clinic checklist, output indicators and exit interview questionnaire. QMS data will be uploaded and analyzed by the newly developed Access data base. Beside QMS visits conducted by Monitoring Officers of the NGOs, SSFP will validate QMS database in about 10% of the clinics by recruiting external consultants this year.

Clinic Level Quality Circle that enables clinic staff capable and responsible for maintaining clinical quality will be commissioned in all 319 clinics this year. All clinic staff will be the members of this circle led by the Clinic Manager. This circle will use Plan-Do-Study-Act (PDSA) cycle to solve problems. Clinics staff will perform key activities related to quality maintenance and document those activities by filling up a daily/weekly/monthly spot checklist. The clinic will also use customer reception protocol developed by SSFP and meet weekly to review performance. SSFP will monitor quality related activities of the Monitoring Officers of NGOs by reviewing Tentative Travel Plans (TTPs) and Monthly Performance Reports (MPRs) and providing feedback to them. It is understood that MOs will submit TTPs seven days before beginning of a month and they will submit MPRs within seven days of the following month.

Moreover, Clinical Quality Council (CQC) is the council of NGO Monitoring Officers and all MOs are the members of this council. This council will meet every quarter to review clinical quality and performance data, to provide input in to the existing standards and protocols, to identify capacity building needs and training requirements, to provide on-site training and to facilitate local level data analysis. SSFP intends to establish customer-friendly high quality clinical standards in all clinical aspects by capacitating 29 NGOs to ensure clinical quality in 319 clinics and

to engage local level clinic staff in assuring, maintaining and improving clinical quality.

SSFP will conduct a quality audit (External quality audit) of the services provided by SSFP clinics. To accomplish this, thirty (30) clinics will be randomly selected. The external consultants will observe adherence to SSFP clinical guidelines and operational standards using SSFP checklists and monitoring tools. In addition to sharing observations the consultants will analyze general trends, provide solutions to problems and make recommendations for improving services.

**Basic clinical training.** To ensure the quality services at each Smiling Sun clinic, service providers will be trained in different skills. Clinical trainings will equip the clinical staff with the required knowledge and skills to perform their responsibilities competently and assure the compliance of SSFP standards in the second year of the project. A table summarizing clinical training for service providers can be found in Annex B.

### **C. Cross-Cutting Filters**

**Gender:** Clinic Managers will be trained on birth planning to ensure male involvement in Family Planning and maternal health specially in birth planning. SSFP will train Clinic Managers. CMs will in turn train their respective clinic staff members and Service Promoters will train the CSPs. Following training, Service Promoters and Community Service Providers will organize community support groups intended to prepare family heads (men) for supporting emergencies during pregnancy. There should be at least one community support group under each Smiling Sun Clinic. The CM will convene regular meeting with this group in two months' interval. However, the group can meet anytime based on the need.

**Youth:** Smiling Sun clinics will continue to ensure the concept of a virtual youth center at their clinics. Upholding the concept of 'right to information', the Service providers will ensure confidentiality of the information of youth customers. Service providers will show non-judgmental attitude towards them and treat them with respect. If need be, young customers may also be offered services through satellite clinic located to their place of preferences. A section on youth will be introduced at SSFP website. The section will have some general information and e-learning question-answer part for NGO staff. At the same time, a youth-friendly hotline/sms (Short Messaging System) will be established in collaboration with mobile phone companies.

**Corruption.** SSFP will initiate an internal campaign to promote its code of ethics, under the premise that a common understanding of underlying values will strengthen them and encourage people to follow them. This positive and constructive perspective emphasizes personal responsibility and maturity instead of focusing on identifying potential violations to the code.

## **SECTION III. PERFORMANCE MONITORING PLAN**

During Year 1, the PMP provided SSFP with a road map that guided the project toward achieving proposed targets and objectives. The previous work plan stated that the approved PMP would be revised to include a number of indicators that would be determined based on project implementation needs. Our approach to performance management demonstrates that SSFP is serving to introduce a new approach and perspective to healthcare in Bangladesh — one in which service delivery results in financial viability while simultaneously attaining demanding social goals ranging from offering much-needed antenatal care consultations to providing free services (or charging only a small portion of the cost) to the poorest of the poor.

This year, our approach to performance management focuses on the following:

- Approach to monitoring, evaluation, analysis, and decision making
- Development and selection of existing indicators
- Design of monitoring and evaluation system

### **A. Approach to Monitoring Evaluation, Analysis and Decision Making**

In Year 2, additional emphasis will be placed on creating adequate environmental conditions for decision making. To create these conditions, a new business planning template has been developed, and franchisees have been receiving relevant training on participatory decision making and use of knowledge (i.e., quality circles). Although these do not automatically ensure change, they are necessary steps in the cultural transformation of donor recipients to social business managers.

Access and transparency are the leading principles in this transformation. Access is achieved by gathering and compiling information in redesigned databases and using computer connectivity to make the information accessible to all SSFP staff and Smiling Sun franchisees. Transparency is achieved by educating all organizations involved about how information is collected and used.

### **B. Development and Selection of Existing Indicators**

Indicators are selected and used based on their cost-effective contribution to monitoring key performance areas and results. All previously selected indicators have been quantified for this plan. All Year 2 indicators have been determined. USAID concurrence has been requested for the removal of two indicators that are no longer as useful as in the past because of the level of project development or project focus.

For Year 2, we asked USAID to remove the average composite quality monitoring score system as an indicator for the Smiling Sun clinics (item 44 on our list of project indicators). SSFP believes a composite indicator, albeit useful in earlier stages of the project, no longer offers value at the same levels. Experience shows that a clinic with an acceptable, average-quality composite index might simultaneously experience noticeable imbalances in some quality indicators. The bottom line is that QMS rankings alone do not tell the complete story of clinic quality.

For its quality monitoring, SSFP has identified different areas that will be tracked simultaneously but will not be aggregated. This allows quality managers to address relevant quality issues individually. This approach is particularly useful within the franchising context, because franchisees must fulfill all franchise requirements that are incorporated into the franchise agreement. Therefore, it is in the best interests of franchisors to adhere to quality parameters to maintain the brand's image and integrity. In summary, SSFP will continue tracking quality and using indicators as QMS tools but has proposed to discontinue reporting on the composite quality index.

Indicator 4 (number of people who have seen or heard a specific U.S. government-supported FP/RH message) is an operational plan indicator intended to measure effectiveness of family planning marketing interventions carried out in the clinic's catchment area. The only way to collect relevant information for this indicator is through a direct survey of the target population. It is estimated that the costs of collecting data will outweigh potential benefits because SSFP is not intended to develop intense behavior change communication campaigns addressing particular reproductive health elements. SSFP tracks couple-years of protection provided within the network, giving a clearer indication of program performance in family planning service delivery.

### **C. Design of Monitoring and Evaluation System**

SSFP maintains an integrated approach to information use and management. During Year 1, an important accomplishment was made in designing an MIS that addresses information needs from franchisees, franchisor, program managers and the donor. A dashboard that SSFP's grants division will use as a financial monitoring tool has been designed and is operating in pilot mode. The next step is integration with data produced at the clinic level to provide accurate financial information for every franchisee. SSFP also designed an MIS system that integrates program performance data with financial information (related to a rather elaborate cost accounting system) that allows SSFP to fully monitor and evaluate clinic performance in critical areas. SSFP will continue to look for ways to apply state-of-the-art technology that has the potential to reduce operational costs or to increase program revenue. This year, SSFP will also work actively to secure good quality of data by conducting periodic and special MIS audits. SSFP will seek for technical assistance in this particular area.

## ANNEX A. NGO TRAININGS

Training Name	Topic Content	Participants Profile for ToT (HQ)	Expected result from the course	Duration	ToT Pax.	Participants from Clinic-trained by ToT	SS clinic Pax.
Financial Management	Concept on Financial Management System, Accounting Policy and Procedure, Bank Operation Management, Financial Review, QA Compliance, Monitoring and External Audit	Project Director, Finance and Admin Manager, Accounts Officer,	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network.	3 Day	87	Clinic manager and Admin Assistant	638
Financial Management using Accounting Software 'Tally'	Introduction of Tally, Payroll, Voucher Entry, Budget details, Inventory information, Voucher Entry, Report Generation, Back up and restore tally, Export Report	PD,FAM Accounts officer	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	2 Day	87	Clinic Manager, Admin Assistant	638
Monitoring & Effective Supervision	Concepts - Program Management , Clinic Management, Personnel Management and Staff Development, Clinic Performance Analysis, Monitoring and Supervision process	Project Director, Project Manager, Monitoring Officer, Finance and Admin Manager,	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	3 Day	116	Clinic Manager	319
Procurement and Logistic Management	Procurement, Logistic and Inventory Management	PD, FAM,PM	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	2 Day	72	CM, Admin Assistant	638

Training Name	Topic Content	Participants Profile for ToT (HQ)	Expected result from the course	Duration	ToT Pax.	Participants from Clinic-trained by ToT	SS clinic Pax.
Management Information System (MIS) for Smiling Sun Clinics	Overview on Web based MIS and customer flow management, Capture data, Create clinic spot, Performance at clinic, Money receipt, Supporting ACCESS based database - along with practice sessions,	PD, MIS officer, FAM, MIS Asstt	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	5 Days	116	CM, Admin Assistant, Counselor	480
Smiling Sun program Management and Operations	Program Mission and Vision, Details on Smiling Sun program operational modalities, Administration infrastructure, Customer care, Clinic governance and management.	PD , MO, FAM, MIS officer, Selected CM	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	1 Day	200	All Clinic Staff	1,800(Approx.)
Orientation on Every day Smiling Sun Clinic Management and Care	Program Mission and Vision, Details on every day Smiling Sun Clinic management , Administration infrastructure, Customer care	PD/PM, MO, selected CM	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	1 Day	87	All Clinic Staff	1,800(Approx.)
Marketing, Branding & Promotion	Details on Marketing, Branding and promotion, Local level marketing and Implementation, service promotion.	PD,PM, MO(Prog), selected CM	Number of Training teams will be formed in composition with the best trained participants who will be organized adequate number of training to train the respective staff of smiling sun clinic network	1 Day	200	CM, SP,	1,800(Approx.)

## ANNEX B: CLINICAL TRAININGS

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
<b>Child Health:</b>				
Facility IMCI	11 days	All Medical Officers and all Paramedics of each clinic	Medical Officers: 50	Paramedics: 150
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 15	Service Promoter: 40
Cascading Training on CDD & ARI	3 days	Community service providers of Smiling Sun network to include Zinc treatment and preventive measures (training will take one day and will be done 3 times a year)	CSPs: 6,000	
Cascading training on newborn care		Community service providers of Smiling Sun network.	CSPs: 880	
<b>Family Panning:</b>				
Family Planning Clinical Services Course	12 days	All Paramedic of each SS clinic	Paramedic: 160	
Refresher training on FP to CSPs	3 day	All CSPs of SS network	CSPs: 6,500	
Norplant	5 days	At least one Medical Officers and one Paramedic of each Norplant offering SS clinic	Medical Officers: 60	Paramedics: 20
NSV	8 days	At least one Medical Officers and one Paramedic of each NSV offering SS clinic	Medical Officers: 18	Paramedics: 10
Tubectomy	12 days	At least one Medical Officers and one Paramedic of each Tubectomy offering SS clinic	Medical Officers: 15	
<b>Maternal health:</b>				
Other Reproductive Health	6 days	All Paramedic of each SS clinic	Paramedic: 80	
Safe Delivery	21 days	All Medical Office and all Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 18	Paramedics: 50
VIA	15 days	Medical Officer and Paramedic	Medical Officers: 08	Paramedics: 20

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
PAC (clinical)	5 days	Medical Officers and Paramedics (of Ultra clinics)	Medical Officers: 03	Paramedics: 03
<b>Counseling:</b>				
Counselling	3 days	All counsellor of each SS clinic	Counsellor: 80	
<b>STI/RTI:</b>				
STI/RTI	5 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 50	Paramedics: 60
<b>Infection Prevention:</b>				
Infection Prevention	3 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 30	Paramedics: 50
<b>Tuberculosis:</b>				
Tuberculosis Management Training for	6 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 12	Paramedics: 08
Mid level Management Training for	3 days	Filed supervisor/ Service promoter	Filed supervisor/ Service promoter: 30	
Field level Management Training	3 days	TB volunteer	TB volunteer: 38	
Laboratory Training	6 days	Laboratory technician	Laboratory technician: 12	



## ANNEX C. PROGRAM INDICATORS

Result	Source	#	Indicator	Baseline	Year 1	Year 2	Year 3	Year 4
Program Component 1	OP	1	Couple-years of protection (CYP) in USG-supported programs (in millions of couple-years)	0.90	0.97	1.29	1.36	1.37
	OP	2	Number of people trained in FP/RH with USG funds	166	TBD	2,221	TBD	TBD
	OP	3	Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance (in millions of visits)	1.65	1.73	1.98	2.08	2.09
	OP	4 <sup>1</sup>	Number of people that have seen or heard a specific USG-supported FP/RH message (in millions of people)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	OP	5	Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0	4	15	TBD	TBD
	OP	6	Number of new approaches successfully introduced through USG-supported programs	0	1	9	TBD	TBD
	OP	7	Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	15,400	15,400	15,400
	OP	8	Amount of in-country public and private financial resources leveraged by USG programs for FP/RH (in millions of US dollars)	4.97	5.02	5.02	5.02	5.02
	OP	9 <sup>2</sup>	Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the SDP	205	Not applicable	Not applicable	Not applicable	Not applicable
	OP	10	Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	TBD	900	TBD	TBD
Program Components 2 and 4	OP	11	Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	8,000	8,400	13,985	15,383	15,500
	OP	12	Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (in millions of visits)	1.17	1.19	1.20	1.21	1.22
	OP	13	Number of people trained in maternal/newborn health through USG-supported programs	86	TBD	3,079	TBD	TBD

<sup>1</sup> We can avoid this indicator since it is costly to get the number.

<sup>2</sup> SSFP has no control over the distribution of contraceptive commodities. We will report this data but will not set targets.

Result	Source	#	Indicator	Baseline	Year 1	Year 2	Year 3	Year 4
	OP	14	Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs	8,000	8,400	13,985	15,383	15,500
	OP	15	Number of people trained in child health and nutrition through USG-supported health area programs	2,549	TBD	8,055	TBD	TBD
	OP	16	Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs	8,000	8,400	13,985	15,383	15,500
	OP	17 <sup>3</sup>	Number of infant receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	TBD	TBD	66,477	66,700	67,000
	OP	18	Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	13,985	15,383	15,500
	OP	19	Number of cases of child (< 5 yrs) pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	161,585	169,664	170,000	170,500	171,000
	OP	20	Number of children less than 12 months of age who received DPT3 from USG-supported programs	289,801	295,597	296,000	296,500	297,000
	OP	21	Number of children under 5 years of age who received vitamin A from USG-supported programs	351,648	369,230	369,230	369,230	369,230
	OP	22	Number of cases of child (< 5 yrs) diarrhea treated in USAID-assisted programs (in millions of cases)	1.98	2.07	2.08	2.09	2.10
	OP	23	Number of health facilities rehabilitated	0	25	TBD <sup>4</sup>	TBD	TBD
	OP	24	Number of people covered with USG-supported health financing arrangements (in millions of people)	7.18	7.99	8.29	8.61	8.94
	OP	25	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs	NA	0	0	0	0
	OP	26	USG-assisted facilities' provide staff with a written performance appraisal	100%	100%	100%	100%	100%
	OP	27	Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%
Program Component	OP	28	Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	TBD	71	72	TBD	TBD
	OP	29	Number of people trained in DOTS with USG funding	44	TBD	100	TBD	TBD

<sup>3</sup> Newborn infants defined as less than one year of age.

<sup>4</sup> This was associated with the clinic conversion. Now we are going to do only clinic maintenance.

Result	Source	#	Indicator	Baseline	Year 1	Year 2	Year 3	Year 4
	OP	30	Average population per USG-supported TB microscopy laboratory	71,115	85,000	70,000	70,000	70,000
	OP	31	Percent of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	75%	78%	80%	82%	85%
Project Objective		32	Percent of cost recovery	25%	25%	35%	50%	70%
		33	Percent of poor service contacts	26%	27%	28%	29%	30%
Outcome 1		34	Smiling Sun Franchise Manager Established (Milestone Indicator) 1. Franchisor registration complete 2. Management contract signed between contractor and franchisor 3. Board of directors and membership council established and meet regularly 4. Franchise systems, operating procedures, and standards developed 5. Franchise service package developed 6. Systems for tracking sub-franchisor compliance with franchise standards implemented 7. Board meetings and management council meetings held 8. Subcontract signed between contractor and franchisor 9. Staff, management, and financial systems are transferred from contractor to franchisor	0	1,2,3,4,5,6	6,7	6,7	8, 9
Result 1.1		35	Percent of external funds in SSHF budget	0%	5%	10%	20%	30%
Result 1.2		36	Percent of NGOs complying with franchise standards	0%	100%	100%	100%	100%
		37	Percent of NGOs receiving subcontracts from the Franchisor	0%	0%	70%	85%	100%
Outcome 2		38	Percent of franchisor's total budget paid by sources other than USAID	25%	30%	45%	70%	100%
Result 2.1		39	Cost per service contact (in taka)	21.38	19.60	TBD	TBD	TBD
Result 2.2		40	Percent of NGOs paying franchise fees from non-USAID sources	0%	0%	30%	75%	100%
Outcome 3		41	Total number of clinics (maxi, ultra, vital and mini; targets set by static and satellite)	319 8,516	335 8,666	319 8,516	319 8,516	319 8,516
Result 3.1		42	Percent of service contacts by franchise option	NA	NA	Vital- 90% Ultra- 10%	TBD	TBD

Result	Source	#	Indicator	Baseline	Year 1	Year 2	Year 3	Year 4
Result 3.2		43 <sup>5</sup>	Total service contacts (in millions)	27.6	29.5	29.6	29.7	29.8
Result 3.3		44 <sup>6</sup>	Average composite quality monitoring system scores for clinics	NA	TBD	TBD	TBD	TBD
		45	Number of clinics with a QMS in place	319	836	957	957	957
Program Support	OP	46	Number of monitoring plans prepared by the USG	1	1	1	1	1
	OP	47	Number of institutions with improved Management Information Systems as a result of USG-assistance	0	30	29	29	29
	OP	48	Number of institutions that have used USG-assisted MIS system information to inform administrative/management decisions	0	55	162	TBD <sup>7</sup>	TBD
	OP	49	Number of people trained in monitoring and evaluation with USG-assistance	0	55	150	150	150
	OP	50	Number of people trained in strategic information management with USG assistance	0	165	300	TBD <sup>8</sup>	TBD
	OP	51	Number of information gathering or research activities conducted by the USG	NA	0	7	1	1

<sup>5</sup> This indicator is defined differently than under NSDP. This indicator is based on all service-contacts; that is, ESD service-contacts plus other service-contacts.

<sup>6</sup> We intend to report findings of an external auditor, not NGO self-reporting as was reported by NSDP. Therefore, no data exists. The first external audit will become the baseline and targets will be set thereafter.

<sup>7</sup> This was associated with the clinic conversion.

<sup>8</sup> This was associated with the clinic conversion.

## ANNEX D. YEAR 2 IMPLEMENTATION PLAN

Activities	Quarter 5			Quarter 6			Quarter 7			Quarter 8		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>Performance Outcome 1:</b> Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation												
<b>Capacity Building:</b>												
Conduct 3-day SSFP Management/Operations Training	X	X	X	X	X	X	X	X	X	X	X	X
Conduct MIS/Tally Training							X	X	X	X	X	X
Conduct SSFP Management & Care Orientation Training	X	X	X	X	X	X	X	X	X	X	X	X
Conduct Financial Management Training	X	X	X	X	X	X	X	X	X	X	X	X
Conduct Monitoring & Supervision Training	X	X	X	X	X	X	X	X	X	X	X	X
Conduct Procurement and Logistics Training								X	X	X	X	X
Conduct Inventory Management Training								X	X	X	X	X
Conduct Marketing & Brand Promotion Training	X	X	X	X	X	X	X	X	X	X	X	X
Conduct Training Follow-up							X	X	X	X	X	X
Monitor Franchise Performance								X	X	X	X	X
Conduct Operations Research		X	X	X	X	X	X	X	X	X	X	X
<b>Strengthening Network Image:</b>												
Implement Brand and Service Promotion & Clinic Level Marketing						X	X	X	X	X	X	X
<b>Collaboration with the GoB:</b>												
Quarterly meetings with DGFP & DG Health		X			X		X	X		X	X	
Tripartite Review										X		
LTFPM Collaboration							X	X	X	X	X	X
Update GIS grids for all SSFP clinics										X	X	X

Activities	Quarter 5			Quarter 6			Quarter 7			Quarter 8		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	13	14	15	16	17	18	19	20	21	22	23	24
<b>Performance Outcome 1:</b> Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation												
<b>Strengthen Franchise and Develop Governance:</b>												
Convene Membership Council Meetings				X		X			X			X
Conduct SSFP Advisory Committee Meetings							X	X				
Convene FMO Board							X				X	
<b>Operations and Administration:</b>												
Register FMO		X										
Replace/repair vehicles							X					
Approve staff and procurement policies							X					
<b>Performance Outcome 2:</b> Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population.												
Conduct Financial management Training through a TOT approach						X	X	X	X	X	X	X
Release Request for Applications for the third round of grant funding							X					
Obligate third round of funding											X	X
Rationalize clinics										X	X	X
Forge Strategic Partnerships					X	X	X	X	X	X	X	X
<b>Performance Outcome 3:</b> NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key ESD services), coverage of poor clients, and range of services available and quality of care												
<b>Strengthen Service Delivery:</b>												
Create 4 health topic task forces						X						
Provide training to improve quality of care:												
• Maternal Health			X	X	X	X	X	X	X	X	X	X
• Child Health				X	X	X	X	X	X	X	X	X
• Family Planning				X	X	X	X	X	X	X	X	X
• Reproductive Health					X	X	X	X	X	X	X	X

Activities	Quarter 5			Quarter 6			Quarter 7			Quarter 8		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	13	14	15	16	17	18	19	20	21	22	23	24
• STD/RTIs					X	X	X	X	X	X	X	X
• Tuberculosis				X	X	X	X	X	X	X	X	X
Promote Services:												
• Maternal Health						X	X	X	X	X	X	X
<b>Performance Outcome 3:</b> NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key ESD services), coverage of poor clients, and range of services available and quality of care												
• Child Health					X	X	X	X	X	X	X	X
• Family Planning						X	X	X	X	X	X	X
• Reproductive Health						X	X	X	X	X	X	X
• STD/RTIs						X	X	X	X	X	X	X
• Tuberculosis			X	X	X	X	X	X	X	X	X	X
Strengthen TB logistics management	X	X	X	X	X	X	X	X	X	X	X	X
Monitor the quality of TB services	X	X	X	X	X	X	X	X	X	X	X	X
Conduct clinic level quality circles				X	X	X	X	X	X	X	X	X
Convene the Clinical Quality Council			X			X			X			X
Conduct an external quality audit								X	X	X	X	
<b>Gender:</b>												
Train clinic managers on male involvement in FP/MH					X	X	X					
Train CSPs on male involvement in FP/MH								X	X	X	X	X
Organize community support groups (one per SSFP clinic)								X	X	X	X	X
Convene community support group meetings								X	X	X	X	X
<b>Youth:</b>												
Youth section on SSFP website										X	X	X
Develop youth-friendly hotline/SMS system										X	X	X
<b>Corruption:</b>												
Promote SSFP code of ethics							X	X	X	X	X	X